State of Alabama Unified Judicial System

Form C-10 Page 1 of 2

Rev. 2/95

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Case Number

| • | | | | | | | | |
|------------|---|--|--|--|--|---|---------------------|--------------|
| IN THE | | | COURT OF | · CONTRACTOR | and Artist | 200 | ,ALABAI | ira. |
| oieseen. | (Circuit, Distric | t; or Municipal) | ************************************** | (Name | of County | of Municip | ality) 9: +b | IAIW ~ |
| STYLE OF | CASE: Angelo | e Denise No | 2115 | v Eile | rene & | Onsti | no Hesti | 787 |
| | | Plaintiff(s) | | ر الم | | Defendant/s |)-II. CIK | |
| TYPE OF | PROCEEDING. | : | CHARG | E(s) (if applica | ž. | | COURT | <u></u> . |
| CIVIL C | ASE-I, because of s | ubstantial hardship, a | ım unable to | pay the docke | t fee and s | ervice fees i | n this case. I req | uest |
| that pay | ment of these fees b | e waived initially and | taxed as co | sts at the concl | usion of th | e case. | | |
| attorney | and I request that th | rnity, support, termina e court appoint one fo | auon oi pare or me | entai ngnts, dep | endency) | - I am financ | ially unable to hir | e an |
| CRIMIN | AL CASE I am fina | ncially unable to hire | an attornev | and request the | at the cour | tappoint-one | e for me car acce | |
| D DELING | UENCY/NEED OF S | UPERVISION I am | financially u | nable to hire ar | n attorney a | and request | that the court apr | oint |
| one for | my child/me. | | | | | • | | |
| | | | AFFIDAV | TT T | | | | |
| SECTION I. | | | | | | • | | |
| 1. IDENTIF | ICATION : - | | • | • | | 7: | | |
| | Ingelo 1 | Jenise Nail | 5 | | Dat | e of birth | in 8.191 | 1 |
| Spouse's | full name (if married) | Na | | | Dat | e oi bittii <u>oc</u> | | <u> </u> |
| Complete | home address: 342 | Saint | Anch | ews St. | MO+ | 808 DC | than, Al | |
| | of people living in housel | | | | · | · · · · · · · · · · · · · · · · · · · | | |
| | ephone number 33 | | | | <u>~~</u> | | | |
| | on/Job 10590 cense number 163 | | n of employm Social S | ent 2 1 Q q | Le R | Montha | 7 | |
| Employer | | | | r's telephone nun | | 1000 | <u> </u> | |
| Employer | 's address | | | | | | | |
| 2. ASSIS | TANCE BENEFITS | The state of the s | | | | | Y | |
| | | | | · · · - | | o | | - |
| apply.) | or sarry or reasonable grant y c | our household receive:b | erients.nom | ariy-Qi-the follow | ang sources | sz(Ir so; plaa | ise check those wi | nich. |
| □ AFD | C | SSI ⊠ZIM∈ | edicaid | □ Other | | 4 | 1 3. 3 | |
| | E/EXPENSE STATEM | A | Joine | | | r | | |
| | / Gross Income: | • • • | | | | | | |
| Mo | nthly Gross Income | • | - 4 - FC | s 824 | ·00 | | | |
| Oth | ner Earnings: Commiss | Income <i>(uniess a marita</i> iions, Bonuses, Interest | Income: etc | . |) • | | | |
| Co Un | ntributions from Other employment/Workmen' | People Living in Housel's Compensation, | hold | | 5 | | | |
| | Social Security, Retinent | ents, etc. | | \$ 82 | 4.00 | | 4 | |
| Otr | | Vice rate arrespitation in the | | Marine C |) _{april} or or freely a ter- | | | |
| | ТОТА | L MONTHLY GROSS | INCOME | Mark to the first the second of the second o | چەكىچى مەسى پىد ارىك | \$ 50 | 14.00 | |
| Monthly | Expenses: | | | | · · · · · · · · · · · · · · · · · · · | | | |
| A. | Living Expenses | | | . 220 | 1 00 | | | |
| | Rent/Mortgage Total Utilities: Gas, El | ectricity, Water, etc. | | \$ <u>000</u> | $\frac{1}{100}$ | ristlesi kasaniri ers italiinis, | varit a marini | |
| | Food Clothing | e e e e e e e e e e e e e e e e e e e | | नुड | 0.00 | الله المنظمين المنطقة ا المنطقة المنطقة المنطق | | |
| • • • | Health Care/Medical | Frankling Commence | | | 7.00 | ا ما المارية ا معارفة المارية | | |
| | Insurance Car Payment(s)/Trans | portation Expenses | | | <u> </u> | | T. | |
| | Loan Payment(s) | | | 262.0 | <u> </u> | e e e e e e e e e e e e e e e e e e e | | İ |
| | : | | | | - | | | l |

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|--|--|--|--|--|--|--|--|
| Monthly Expenses: (cont'd page 1) Credit Card Payment(s) Educational/Employment Expenses Other Expenses (be specific) (100 (100 (100 (100 (100 (100 (100 (10 | | | | | | | |
| B. Child Support Paymen | | | | | | | |
| Sub-Tot C. Exceptional Expenses | al | | | | | | |
| TOTAL MON | THLY EXPENSES (add subtotals from A & B monthly only) \$\$ | | | | | | |
| Total Gross Monthly Incom | e Less total monthly expenses: | | | | | | |
| | ISPOSABLE MONTHLY INCOME TO SECOND SE | | | | | | |
| bonds, certificates of depose Equity in Real Estate (value Equity in Personal Property, motor vehicles, stereo, VCR | of property less what you owe) etc. (such as the value of | | | | | | |
| guns, less what you owe) Other (be specific) Do you own anything else of (land; house, boat TV, stere If so, describe | outewell's historical phase $\mathcal{P}(\mathcal{D}, \mathcal{O})$ | | | | | | |
| TOTAL | LIQUID ASSETS s 57.00 (| | | | | | |
| mended any question in the affidavit management of the control of | rs are true and reflect my current financial status. I understand that a false statement or answer ay subject me to the penalties of perjury. I authorize the court or its authorized representative to lining to my financial status from any source in order to verify information provided by me of further that the court appoints an attorney to represent me; the court may require me to pay all or part of urt-appointed counsels. | | | | | | |
| Sworn to and subscribed before day of Argh | me this | | | | | | |
| | ORDER OF COURT | | | | | | |
| Affiant is not indigent and requirement of the angle of t | AND ADJUDGED BY THE COURT AS FOLLOWS: uest is DENIED. dable to contribute monetarily toward his/her defense; therefore defendant is ordered to pay nticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ws: | | | | | | |
| affiant. | ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees a day of | | | | | | |